

Instructions for Filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

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INSTRUCTIONS The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered.

1. **SSN/TAX ID NO.** Enter your Social Security Number (SSN) or Tax Identification Number (TIN) in the designated field.

2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Enter the name of the person completing the proof of claim in the designated field.

3. **NAME OF THE CLAIMANT.** Enter the name of the claimant in the designated field.

4. **AMOUNT OF CLAIM.** Enter the amount of the claim in the designated field.

5. **DESCRIPTION OF CLAIM.** Enter a brief description of the claim in the designated field.

6. **SIGNATURE.** Enter your signature in the designated field.

7. **DATE.** Enter the date of the claim in the designated field.

8. **FIRM.** Enter the name of the firm in the designated field.

9. **ADDRESS.** Enter your address in the designated field.

10. **TELEPHONE NUMBERS.** Enter your telephone numbers in the designated field.

REQUIRED SUPPORTING DOCUMENTATION

1. **Original Copy of the Claimant's Proof of Claim.** The claimant must submit an original copy of the proof of claim to the designated field.

2. **Original Copy of the Claimant's Supporting Documentation.** The claimant must submit an original copy of the supporting documentation to the designated field.

3. **Original Copy of the Claimant's Proof of Claim.** The claimant must submit an original copy of the proof of claim to the designated field.

SUBMITTING YOUR CLAIM

1. **Submit your claim to the designated field.**

2. **Submit your claim to the designated field.**

3. **Submit your claim to the designated field.**

4. **Submit your claim to the designated field.**

5. **Submit your claim to the designated field.**

6. **Submit your claim to the designated field.**

Federal Deposit Insurance Corporation
as Receiver for
FDICIA
PROOF OF CLAIM

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(Name of person completing the Proof of Claim)

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(Name of Claimant)

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(Name, Title, and Signature of person completing the Proof of Claim)

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(Complete if filing on behalf of claimant.)

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PRIVACY ACT STATEMENT

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